

State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 03/31/2014
Business ID: 387800
William M. Gardner
Secretary of State

TRAIL HAVEN, L.L.C. ADDRESS OF PRINCIPAL OFFICE: PO Box 228 56 Carter Mountain Rd. New Hampton, NH 03256 New Hampton, NH 03256 LLC ENTITY TYPE: REGISTERED AGENT AND OFFICE: **BUSINESS ID:** 387800 Glavey, Luke A., Esq **NEW HAMPSHIRE** STATE OF DOMICILE: 63 West Street RESIDENTIAL OR COMMERCIAL REAL ESTATE Ashland, NH 03217 If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information. The new mailing address 2 The new principal office address PO Box is acceptable. **MANAGERS MEMBERS** NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT A NAME NAME **STREET** STREET CITY/STATE/ZIP CITY/STATE/ZIP NAME NAME STREET STREET 3 CITY/STATE/ZIP CITY/STATE/ZIP NAME NAME STREET STREET CITY/STATE/ZIP CITY/STATE/ZIP NAME NAME STREET STREET CITY/STATE/ZIP CITY/STATE/ZIP NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED To be signed by the manager, if no manager, must be signed by a member. I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief. 4 Sign here: Please print name and title of signer: NAME E-MAIL ADDRESS (OPTIONAL): FEE DUE: \$100.00 State of New Hampshire Fee - Form LLC 8 - (LLC) 1 Page(s)

WHEN THIS FORM IS AC PUBLIC DOCUMENT AN REQUIRED INFORMATION



L BECOME A DISCLOSURE ILL BE REJECTED